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JC961 U.S. PTO

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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	881987-3
First Inventor	Gregory Swab
Title	CELLULAR EYEGLASS FRAME
Express Mail Label No.	EL 752564602 US

JC843 U.S. PTO

09/845425

04/30/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
3. ☒ Specification [Total Pages **38**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets **17**]
5. Oath or Declaration [Total Pages **55**]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☒ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information:

Examiner _____

Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS☐ Customer Number or Bar Code Label ☐ Correspondence address below

Name	Donna L. Angotti				
	Schulte Roth & Zabel, LLP				
Address	919 Third Avenue				
City	New York	State	New York	Zip Code	10022
Country	U.S.A.	Telephone	212-756-2488	Fax	212-593-5955

Name (Print/Type)	Donna L. Angotti	Registration No. (Attorney/Agent)	32,679
Signature	<i>Donna L. Angotti</i>	Date	4/30/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

TRANSMITTAL for FY 2001 <i>Patent fees are subject to annual revision.</i>		Complete if Known			
		Application Number	not yet known		
		Filing Date	concurrently herewith		
		First Named Inventor	Gregory Swab, et al.		
		Examiner Name	not yet known		
		Group Art Unit	not yet assigned		
TOTAL AMOUNT OF PAYMENT		(\$)	543.00	Attorney Docket No.	881987-3

METHOD OF PAYMENT				FEE CALCULATION (continued)					
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number: 500675 Deposit Account Name: Schulte Roth & Zabel <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other Order				3 ADDITIONAL FEES.					
FEE CALCULATION									
1. BASIC FILING FEE									
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid				
101	710	201	355	Utility filing fee	355.00				
106	320	206	160	Design filing fee					
107	490	207	245	Plant filing fee					
108	710	208	355	Reissue filing fee					
114	150	214	75	Provisional filing fee					
SUBTOTAL (1)					\$ 355.00				
2. EXTRA CLAIM FEES									
Total Claims: 32 -20** = 12 x 9.00 = 108.00									
Independent Claims: 5 -3** = 2 x 40.00 = 80.00									
Multiple Dependent: = 188.00									
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid				
103	18	203	9	Claims in excess of 20					
102	80	202	40	Independent claims in excess of 3					
104	270	204	135	Multiple dependent claim, it not paid					
109	80	209	40	** Reissue independent claims over original patent					
110	18	210	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)					\$ 188.00				
**or number previously paid, if greater; For Reissues, see above									
				Other fee (specify)					
				*Reduced by Basic Filing Fee Paid					
				SUBTOTAL (3)					

SUBMITTED BY				Complete (if applicable)	
Name (Print type)	Donna L. Angotti	Registration No. (Attorney/Agent)	32,679	Telephone	212-756-2488
Signature				Date	7/30/01